## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
House Majority PAC		
	C C00495028	
Check if 24-hour report	on M = M / D = D / Y = Y = Y	
Full Name of Payee	Date of Public Distribution/Dissemination	
Beacon Media	10 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1634 I St NW	Amount	
Ste 1250	Amount	
City State Zip Code	7345.00	
Washington DC 20006-4096	Transaction ID: VN7GDA522P0 Date of Disbursement or Obligation	
Purpose of Expenditure Media Production Costs - Estimate  Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office	Sought: K House District: 10	
Dold, Robert, J., , Jr.	President Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought  77824.66  Disbut 2016	orsement For: Primary   General  Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
Beacon Media	10 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1634 I St NW	10 09 2010	
Ste 1250	Amount	
City State Zip Code	23414.64	
Washington DC 20006-4096	Transaction ID: VN7GDA522Q7 Date of Disbursement or Obligation	
Purpose of Expenditure  Modio Production Costs Estimate  Category/	M M / D D / Y Y Y Y Y	
Media Production Costs - Estimate  Type		
Name of Federal Candidate Support Office	e Sought: 🗶 House District: 10	
Dold, Robert, J., , Jr. Oppose	President Senate State: IL	
	ursement For: Primary X General	
Per Election for Office Sought 77824.66 2016	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	30759.64	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Lapp, Alixandria, , ,   [Electronically Filed] Date   Signature	0 11 2016	
Olynature		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Per Election for Office Sought  Full Name of Payee  Date of Public Distribution/Dissemin  M M / D D / Y Y Y  Mailing Address  Amount  City State Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support Office Sought: House District:	ER ▼	
Check if		
Check if 24-hour report	Y	
New Blue Interactive, LLC         Mailing Address 1146 19th St NW       Amount         City       State       Zip Code         Washington       DC       20036-3740         Purpose of Expenditure       Category/ Type         Website Development Services       Category/ Type         Name of Federal Candidate       Support       Office Sought:       X House District:         Dold, Robert, J., , Jr.       ✓ Oppose       President       Senate State:         Calendar Year-To-Date Per Election for Office Sought       77824.66       Disbursement For:       Primary X G         Full Name of Payee       Date of Public Distribution/Dissemin         Mailing Address       Amount         City       State       Zip Code         Date of Disbursement or Obligation       Purpose of Expenditure       Date of Disbursement or Obligation         Purpose of Expenditure       Category/ Type       Date of Disbursement or Obligation         Name of Federal Candidate       Support       Office Sought:       House District:         Name of Federal Candidate       Support       Office Sought:       House District:		
Mailing Address 1146 19th St NW  City State Zip Code Washington DC 20036-3740  Purpose of Expenditure Website Development Services  Name of Federal Candidate Dold, Robert, J., , Jr.  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Date of Public Distribution/Dissemin  Mailing Address  Amount  Category/ Type  Disbursement For: Primary ▼ Category/ Date of Public Distribution/Dissemin  City State Zip Code  Date of Public Distribution/Dissemin  Category/ Type  Date of Disbursement or Obligation  Date of Disbursement or Obligation  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation	tion	
City State Zip Code 2500  Washington DC 20036-3740  Purpose of Expenditure Website Development Services  Name of Federal Candidate  Dold, Robert, J., , Jr.  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Date of Public Distribution/Dissemin  Mailing Address  Amount  Category/ Type  Disbursement or Obligation  Mailing Address  Amount  Category/ Type  Date of Disbursement or Obligation  Mailing Address  Amount  Category/ Type  Name of Federal Candidate  Support Office Sought: House District:   Amount		
Washington       DC       20036-3740       Transaction ID: VN7cDA4K7P4 Date of Disbursement or Obligation         Purpose of Expenditure Website Development Services       Category/ Type       M M / D D / Y Y         Name of Federal Candidate Dold, Robert, J., Jr.       Support Support Office Sought: X House District: Disbursement For: Y Primary X G         Calendar Year-To-Date Per Election for Office Sought       T7824.66       Disbursement For: Primary X G         Full Name of Payee       Date of Public Distribution/Dissemin         Mailing Address       Amount         City       State       Zip Code         Date of Disbursement or Obligation       Date of Disbursement or Obligation         Purpose of Expenditure       Category/ Type       Date of Disbursement or Obligation         Name of Federal Candidate       Support       Office Sought: House District: Dist		
Washington       DC       20036-3740       Transaction ID: VN7cDA4K7P4 Date of Disbursement or Obligation         Purpose of Expenditure Website Development Services       Category/ Type       M M / D D / Y Y         Name of Federal Candidate Dold, Robert, J., Jr.       Support Support Office Sought: X House District: Disbursement For: Y Primary X G         Calendar Year-To-Date Per Election for Office Sought       T7824.66       Disbursement For: Primary X G         Full Name of Payee       Date of Public Distribution/Dissemin         Mailing Address       Amount         City       State       Zip Code         Date of Disbursement or Obligation       Date of Disbursement or Obligation         Purpose of Expenditure       Category/ Type       Date of Disbursement or Obligation         Name of Federal Candidate       Support       Office Sought: House District: Dist	00	
Website Development Services       Category/ Type         Name of Federal Candidate       Support       Office Sought:		
Dold, Robert, J., , Jr.  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Date of Public Distribution/Dissemin  Mailing Address  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  District:  Disbursement For: Primary  X G  Other (specify)  Date of Public Distribution/Dissemin  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Office Sought: House  District:  Disbursement For: Primary  X G  Other (specify)  Date of Public Distribution/Dissemin  Disbursement or Obligation  Date of Disbursement or Obligation	Y	
Dold, Robert, J., , Jr.  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Disbursement For: Primary   2016  Other (specify) ▶  Full Name of Payee  Date of Public Distribution/Dissemin  M. M. / P. D. / Y. Y.  Amount  City  State Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support Office Sought: House District:	10	
Per Election for Office Sought  Full Name of Payee  Date of Public Distribution/Dissemin  M M / D D / Y Y Y  Mailing Address  Amount  City State Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support Office Sought: House District:	IL	
Mailing Address  Amount  City State Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support Office Sought: House District:	eneral	
City State Zip Code  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Amount  Date of Disbursement or Obligation  M M / D D / Y Y  Support Office Sought: House District: _		
City State Zip Code  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  M M / D D / Y Y Y  Support Office Sought: House District:		
Purpose of Expenditure  Category/ Type  Date of Disbursement or Obligation  M M / D D / Y Y Y  Name of Federal Candidate  Support Office Sought: House District: _		
Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Category/ Type  Support  Office Sought: House District: _		
Support Office Sought: House District:	Y Y	
Oppose President Senate State: _		
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Primary □ G  Other (specify) ▶	eneral	
Guid (specify)?		
(a) SUBTOTAL of Itemized Independent Expenditures	0	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	4	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Lapp, Alixandria, , ,  [Electronically Filed] Date 10 11 2016		